CENTERS FOR MEDICA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 61		P. 25 PRINTEU; 02/2 FORM APPR OMB NO. 0936 (X3) DATE SURV	
NOME O		44E232 ·	B. WING_	A WARM BOILDING 61	COMPLETE	
	F PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	02/24/20	
(X4) ID	OE COUNTY NURSING		1	107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367		
PREFIX	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	di	PROVIDER'S PLAN OF CORPERTIES		
	THOUSEN OR ES	MUST-BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
K 038 S\$=D	NFPA 101 LIFE SAF	NFPA 101 LIFE SAFETY CODE STANDARD				
	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to provide exits readily accessible at all times. The finding included:		K 038	K 038	4/11	
]	1.) WHAT CORRECTIVE		
				ACTION WILL BE ACCOMPLISHED FOR THOSE	R	
				RESIDENTS FOUND TO BE	"	
				AFFECTED BY THE DEFICENT PRACTICE?		
				Maintenance/Safety Director is obtaining bids for pouring	İ	
				concrete walk to connect B Hall exit to public way.		
				Project is anticipated to be	, }	
		n 2/24/14 at 10:16 AM revealed the from the A and B Hall exits did not er hard surface to the public way.		completed by April 11, 2014.		
	This was verified by the	e maintenance director and		2.) HOW WILL YOU IDENTIFY OTHER		
K 066 SS=D		E SAFETY CODE STANDARD		RESIDENTS HAVING THE POTENTIAL TO		
				BE AFFECTED BY THE SAME DEFICIENT PRACTICE?		
	(1) Smoking is prohibit	ed in any real				
	ombustible gases or oxygen is treat,			By connecting this all-weather hard surface to the public way,		
				this will provide exits readily accessible at all times.		
	THE POSICU WITH SIN	is that read NO SMOKING symbol for no smoking.		accessible at all times.	ļ	
	(2) Smoking by patient	classified as	•			
	responsible is prohibite direct supervision.	d, except when under	·.]			
ATORY	DIRECTOR'S OR PROVIDERS	SUPPLIER REPRESENTATIVE'S SIGNA	TUBE			
ficlency	Stanu Bunt	-	-	Λ-(₁₀₋ · · · ·	(X8) DATE	
afeguard of the de	statement ending with an as ds provide sufficient protection of the survey whether or not the date these documents as pation.	terisk (*) denotes a deficiency which on to the patients. (See instructions)	the institution	may be excused from correcting providing it is or raing homes, the findings stated above are disc, the above findings and plans of correction are cited, an approved plan of correction by regulating the regulation.	3/13/14	

DEMar. 13. 2014- 1:48PM ANDERLANGER BLEDSOE ADM 4234475289 No. 2930-RINP. 26 12/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING 01 - MAIN BUILDING 01. COMPLETED 44E232 NAME OF PROVIDER OR SUPPLIER 02/24/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PROVIDER'S PLAN OF CORRECTION TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY K 038 NFPA 101 LIFE SAFETY CODE STANDARD K 038 SS=D 3.) WHAT MEASURES Exit access is arranged so that exits are readily WILL BE PUT INTO accessible at all times in accordance with section PLACE OR WHAT 7.1. 19.2.1 CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR? This STANDARD is not met as evidenced by: Based on observation, it was determined that the Maintenance/Safety facility failed to provide exits readily accessible at Director and staff will all times. monitor all exit walk ways to ensure that they are The finding included: readily accessible at all Observation on 2/24/14 at 10:16 AM revealed the times. exit discharge from the A and B Hall exits did not have all-weather hard surface to the public way. 4.) HOW THE This was verified by the maintenance director and CORRECTIVE acknowledged by the facility administrator during ACTION(S) WILL BE the exit conference on 2/24/14. MONTTORED TO K 066 NFPA 101 LIFE SAFETY CODE STANDARD ENSURE THE K 066 SS≍D DEFICIENT PRACTICE Smoking regulations are adopted and include no WILL NOT RECUR? less than the following provisions: Maintenance/Safety (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, Director and staff will combustible gases, or oxygen is used or stored routinely monitor all walk and in any other hezardous location, and such ways to ensure that all exits area is posted with signs that read NO SMOKING are readily accessible at all or with the international symbol for no smoking. times. (2) Smoking by patients classified as not

Any deficiency statement ending with an asteriak (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing hornes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(02-99) Previous Versions Obsciete

direct supervision.

responsible is prohibited, except when under

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Event ID: P1P521

Facility ID: TN0401

TITLE

(X8) DATE

Mar. 13. 2014F 1:48PM ANTERLANGER BLEDSOE ADM 4234475289 No. 2930 PRINTED: 02/2 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION FORM APPROVED (X1) PROVIDER/SUPPLIER/GLIA OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A BUILDING 01 - MAIN BUILDING 01 (X3) DATE SURVEY COMPLETED 44E232 NAME OF PROVIDER OR SUPPLIER B. WING 02/24/2014 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) ID TAG PREFIX (X5) COMPLETION TAG DATE DEFICIENCY) K 038 NFPA 101 LIFE SAFETY CODE STANDARD . K 038 Exit access is arranged so that exits are readily accessible at all times in accordance with section 19.2.1 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to provide exits readily accessible at all times The finding included: Observation on 2/24/14 at 10:16 AM revealed the exit discharge from the A and B Hall exits did not have all-weather hard surface to the public way. This was verified by the maintenance director and acknowledged by the facility administrator during K 066 the exit conference on 2/24/14. 4/11/14 K 066 NFPA 101 LIFE SAFETY CODE STANDARD 1.) WHAT CORRECTIVE

K 066

ACTION WILL BE

AFFECTED BY THE

FOUND TO BE

Maintenance/Safety

Director ordered an all Metal container with self-

closing cover device on

Anticipated delivery date is

March 14, 2014.

April 11, 2014.

TITLE

ACCOMPLISHED FOR THOSE RESIDENTS

DEFICENT PRACTICE?

(Xê) DATE Any deficiency statement ending with an asterisk (*) denotés a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

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direct supervision.

Smoking regulations are adopted and include no

(1) Smoking is prohibited in any room, ward, or

combustible gases, or oxygen is used or stored

and in any other hazardous location, and such area is posted with signs that read NO SMOKING

or with the international symbol for no smoking.

less than the following provisions:

compartment where flammable liquids

(2) Smoking by patients classified as not responsible is prohibited, except when under

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

SS=D

Event ID: P1P521

Facility (D: TN0401

If continuation sheet Page 1 of 2

,,,	NT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			M APPRO\ 0, 0938-0;	
}		•	A. BUILDIN	FUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
AME OF PROVIDER OR SUPPLIER			B, WING		00/04/20		
LEDS	DE COUNTY NURSING	HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE	<u> </u>	2/24/2014	
X4) ID REFIX	SUMMARY STAT	EMENT OF DEFICIENCIES	 _	PIKEVILLE, TN 37367			
rAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		(X5) COMPLETIO ĐATE	
3066	Continued From page 1 (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4		K 086				
	facility failed to provid smoking areas. The finding included: Observation of the sm 10:15 AM revealed the with self-closing cover ashtrays can be emptioned areas where smoking.	ed readily available to all is permitted. Owledged by the		Maintenance/Safety Director and staff will monitor smoking area to ensure metal container readily available and ashtrays are emptied as needed. 3) WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR? Maintenance/Safety Director and staff will include monitoring of metal can with monthly safety inspection of fi extinguisher that is located in the smoking area.	îs T		

DEMar. 13. 2014- 1:49PM ANDERLANGER BLEDSOE ADM 4234475289 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A BUILDING 01 - MAIN BUILDING 01 (X3) DATE SURVEY COMPLETED 44E232 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 02/24/2014 BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 066 Continued From page 1 (3) Ashtrays of noncombustible material and safe K 066 4) HOW THE design are provided in all areas where smoking is CORRECTIVE permitted. ACTION(S) WILL BE MONITORED TO (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are ENSURE THE readily available to all areas where smoking is DEFICIENT PRACTICE WILL NOT RECUR? permitted. 19.7,4 Monitoring will be included with monthly safety inspection of fire extinguisher by Maintenance/Safety Director This STANDARD is not met as evidenced by: and staff. Based on observations, it was determined the facility failed to provide the required equipment in smoking areas. The finding included: Observation of the smoking area on 2/24/14 at 10:15 AM revealed there was no metal container with self-closing cover devices into which ashtrays can be emptied readily available to all areas where smoking is permitted. This finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 2/24/14, FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: P1P621

Facility ID: TN0401

If continuation sheet Page 2 of 2